Seirbhís Phríosúin na hÉireann
Irish Prison Service

2020-2021 REPORT

SELF-HARM IN IRISH PRISONS

Fourth report from the *Self-Harm Assessment and Data Analysis* (SADA) Project

MAY 2024

Seirbhís Phríosúin na hÉireann
Irish Prison Service

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Foreword

Welcome to the fourth Irish Prison Service SADA Report for the years 2020 and 2021. This report provides a detailed analysis of all episodes of self-harm and suicide across the Irish Prison Service Estate.

In 2015 the Irish Prison Service committed to the aims of the National Strategy to Reduce Suicide 2015 – 2024 ("Connecting for Life") and sought to improve the reporting, review and response to incidents of self-harm and suicide across the service. Since its inception in 2016 the vision for the SADA Project has always been to accrue high quality, reliable and robust data from within the Irish Prison Service to influence and guide future policy and practice development in achieving a reduction in both self-harm and suicides in the prison environment. A major part of this drive to reduce incidents of self harm and suicide across the Irish Prison Service estate was to identify the contributory factors that lead to the use of self-injury and suicide.

The publication of our Fourth Annual Report provides us with five years of qualitative data. This data will allow us insight and understanding of the factors that can lead to someone hurting themselves in our care. Further it has enabled us to engage with and implement more effective prevention interventions to support those who are in distress. To this end we have introduced a new model of care which involves a more immediate psychological response to those who have self-injured in custody and allows for faster access to psychological therapies. We have also successfully recruited a Research Assistant in conjunction with the NSRF/NOSP, their role is to both support the sustainability of this project and to assist in improving the quality of data collected for analysis annually.

The publication of this report is only possible due to the continued hard work and dedication of staff across all prisons who actively respond to and record each episode of self-injury in the workplace. It is equally achieved by the excellent collaboration arrangements the IPS has in place with the National Office for Suicide Prevention (NOSP) and the National Suicide Research Foundation (NSRF), who provide the research, statistical and analytical skills that has enabled the delivery of this report.

It is my hope that with the continuance of SADA, the introduction of an effective model of intervention and the sustained hard work and support of all the local multi-disciplinary teams, we will continue to improve our efforts to provide safer custody within our service over the coming years.

Caron McCaffrey

Director General, Irish Prison Service.

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Executive Summary

This is the fourth annual report on all recorded episodes of self-harm by individuals in the custody of the Irish Prison Service. The report provides data from all prisons in the Republic of Ireland in 2020 and 2021 arising from the Self-Harm Assessment and Data Analysis (SADA) Project.

Main findings

- *Over a two-year period between 01 January 2020 and 31 December 2021, there were 421 episodes of self-harm recorded in Irish Prisons, involving 217 individuals. There were 225 episodes of self-harm involving 126 individuals in 2020 and 196 episodes involving 91 individuals in 2021. Thus, the number of self-harm episodes was 12.9% lower in 2021 than in 2020 and the number of persons involved decreased by 27.8%. The overall prison population decreased by 0.8% between 2020 (n=3,823) and 2021 (n=3,792). The annual person-based rate of self-harm in 2021, at 2.6 per 100 prisoners, was significantly lower (27.8%) than the rate recorded in 2020 (3.6 per 100) but similar to the rate recorded in 2019 (2.7 per 100). Thus, an episode of self-harm was recorded for 3.6% of the prison population in 2020 and 2.6% in 2021. The COVID-19 pandemic led to unprecedented measures being implemented in prisons, the outcomes of this report suggest that infection control methods did not lead to an increase in self-harm, however the decrease in the prison population should be considered.*
- *The majority of prisoners who engaged in self-harm in 2020 and 2021 were male (n=172; 79.0%) but taking into account the male prison population, their rate of self-harm was 2.8 per 100 in 2020 and 2.3 in 2021, with a decrease of 17.9% recorded. Thirty-one female prisoners engaged in self-harm in 2020 and fourteen in 2021 equating to rates of 36.9 per 100 in 2020 and 15.6 per 100 in 2021, respectively. This represents a twofold decrease in the rate of self-harm among female prisoners recorded between 2020 and 2021, following a twofold increase between 2019 and 2020 (14.1 versus 20.9 per 100). The rate of self-harm was highest among sentenced prisoners aged 18-29 years in both years, with a twofold decrease recorded in 2021 compared to 2020 (4.9 versus 2.3). Across all age groups, the rate of self-harm was higher among female sentenced*

- *A new category for offence type was introduced to the SADA form in 2020. In 2020, assault including battery and causing harm was the most common offence type recorded by those who engaged in self-harm (44.2%), while in 2021, burglary/robbery/theft was the most common offence type recorded (31.6%)*
- *Half of all self-harm incidents occurred between 2pm and 8pm in 2020 and 2021 (45.4%; n=191). Most episodes (56.7%) occurred while prisoners were unlocked from cells.*
- *The rate of self-harm was 2 times higher among prisoners on remand than those sentenced in 2020 (3.0. versus 1.5 per 100) and 2021 (3.1 versus 1.5 per 100).*
- *32 out of 126 individuals self-harmed more than once in 2020 (25.4%), while 39 out of 91 individuals self-harmed more than once in 2021 (42.9%). In both years this was more pronounced for female prisoners: 22.1% of male prisoners repeated self-harm in 2020 (n=21 individuals) compared with 35.5% of female prisoners (n=11); while 40.3% of male prisoners repeated self-harm in 2021 (n=31) compared with 57.1% of female prisoners (n=8). A small number of individuals engaged in self-harm more than ten times in both 2020 and 2021.*
- *The most common method of self-harm recorded was self-cutting or scratching, which was present in 60.8% of all episodes in 2020 and 62.7% of all episodes in 2021. The other common method of self-harm was attempted hanging, involved in 27.9% of episodes in 2020 and 15.9% of episodes on 2021. A fourfold increase in the use of blunt objects was observed between 2019 (n=8) and 2020 (n=33), with twenty-eight females engaging in self-harm involving blunt objects in 2020 compared to under five in 2019. Episodes involving blunt objects stabilised in 2021 (n=17) but they were still twice as high as 2019.*
- *Three quarters (77.3% and 71.9%) of self-harm episodes involved prisoners in single cell accommodation in 2020 and 2021. Considering the overall prison population, 52.1% were accommodated in single cells in 2020 and 56.7% in 2021. In 2020 and 2021, 67.6% and 73.5% of prisoners who engaged in self-harm were in general population accommodation and a further 18.2% and 14.8% were on protection (including Rule 62 and 63) at the time of the self-harm act.*

- *No medical treatment was required for almost half of episodes in 2020 (44.9%) and one quarter of episodes in 2021 (24.0%). In 2020 and 2021, 44.5% and 55.6% required minimal intervention or local wound management in the prison. One in ten required hospital outpatient or accident and emergency department treatment in 2020 (n=23; 10.2%), while one in twenty required hospital outpatient or accident and emergency department treatment in 2021 (n=9; 4.6%). Self-harm episodes by male prisoners were associated with increased severity. In 2020, 71.2% of male prisoners who self-harmed required some medical treatment compared with 32.3% of female prisoners, while in 2021, prisoners requiring some medical treatment was equal across both genders (76.4% versus 75.0%).*
- *More than two-thirds of self-harm episodes were recorded as having no / low degree of suicidal intent in 2020 and 2021 (70.2% versus 64.8%). Twenty-five per cent of episodes were recorded as having medium intent in both years and approximately one in twenty in 2020 and one in ten in 2021 (4.4% versus 10.7%) episodes were deemed to have a high degree of suicidal intent.*
- *There was a range of contributory factors associated with the episodes of self-harm recorded in 2020 and 2021, relating to environmental, relational, procedural, medical and mental health factors. The majority (45.2% in 2020, 53.7% in 2021) of factors related to mental health issues, 22.7% and 14.0% to relational issues and 15.6% and 15.4% to environmental issues.*

Discussion

Internationally, rates of suicide and lifetime self-harm are higher in prisoners compared to the general population[2,3]. Favril et al. (2022) note that 8.6% of men and 12.2% of women attempted suicide during their incarceration[4]. A study published in 2017, including 24 high income countries, reported considerable variation in annual suicide rates in different countries, with rates ranging from 10-180 per 100,000 prisoners[2] (see figure 1). The rate of suicide in Irish prisons from 2011-2014 was 47 per 100,000 prisoners[2], equivalent to 0.047 per 100 prisoners. The rate of self-harm between 2017 and 2019 was 3.7 per 100 prisoners[5]. The annual person-based rate of self-harm was 3.6 per 100 prisoners in 2020 and 2.6 per 100 prisoners in 2021. A study of self-harm in prisons in England and Wales during 2004-2009 reported a rate of 6.0%[2] . In 2021, the rate in England and Wales was 4.8%[6]. The Irish rate is approximately one third lower than the rate in England and Wales.

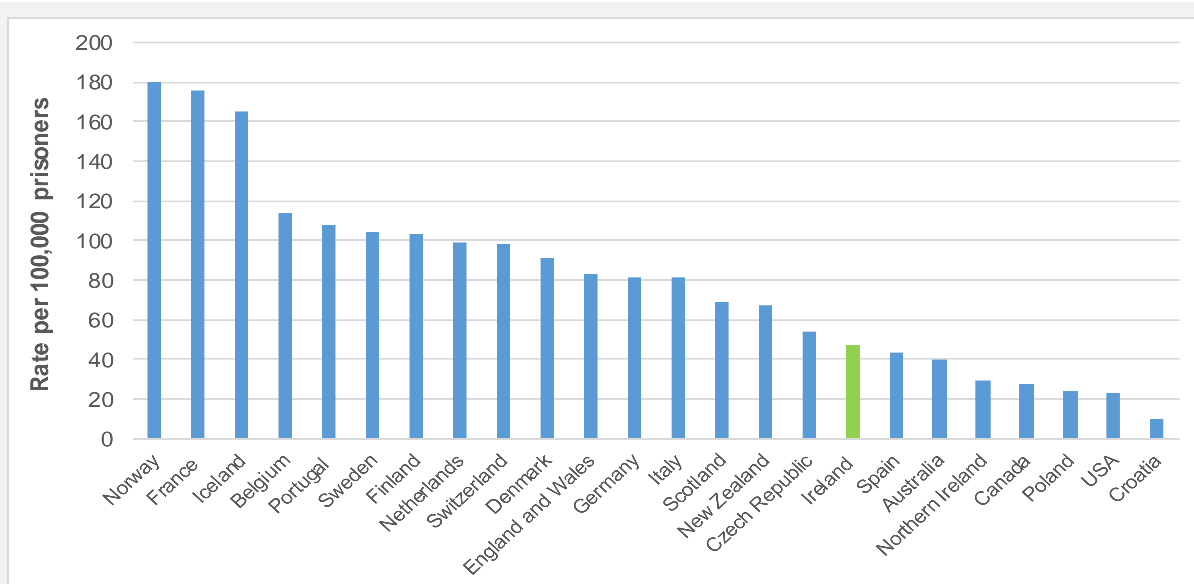

Figure 1. *Rates of suicide in prisoners from 2011-2014 by country*[2]

[2] Fazel, S., et al. (2017). Suicide in prisons: an international study of prevalence and contributory factors. *Lancet Psychiatry.* 4(12): 946-952.

[3] Dixon-Gordon, K et al. (2012). Non-suicidal self-injury within offender populations: a systematic review. *Int J Forensic Ment Health.* **11**(1): 33-50.

[4] Favril, L., Shaw, J. and Fazel, S. (2022), "Prevalence and risk factors for suicide attempts in prison", *Clinical Psychology Review*, Vol. 97, p. 102190

[5] McTernan N, Griffin E, Cully G, Kelly E, Hume S, Corcoran P (2023) The incidence and profile of self-harm among prisoners: Findings from the Self-Harm Assessment and Data Analysis Project 2017-2019. *International Journal of Prisoner Health* (Epub ahead of print)

[6] Ministry of Justice (2022), "Safety in custody statistics, England and Wales: deaths in prison custody to March 2022", Assaults and Self-harm to December 2021, available at: www.gov.uk/government/statistics/ safety-in-custody-quarterly-update-to-december-2021/safety-in-custody-statistics-england-and-wales-deathsin-prison-custody-to-march-2022-assaults-and-self-harm-to-december-2021 (Accessed 25th August 2023).

For the SADA project, Irish prison population data are available by age for sentenced prisoners. Using these data showed younger prisoners to have the highest rate of self-harm in both 2020 and 2021, which is consistent with findings from previous years[5] and for hospital-presented self-harm in the general population[7]. The rate of self-harm was highest among sentenced prisoners aged 18-29 years, at 4.9 per 100 prisoners in 2020 and 2.3 per 100 prisoners in 2021, a twofold decrease between years, however this fluctuation is not unusual following rates of 5.7 per 100 in 2018 and 3.4 per 100 in 2019, among this age group. In 2020 (2.8 for males versus 36.9 per 100 for females) and 2021 (2.3 for males versus 15.6 per 100 for females) the incidence of self-harm among female prisoners was twelve and seven times higher than male prisoners, consistent with previous years (2017-2019) when the rate was six times higher among females[5].

The rate of self-harm was two times higher among prisoners on remand or awaiting trial than it was among sentenced prisoners (3.0 versus 1.5 per 100 in 2020 and 3.1 versus 1.5 per 100 in 2021). This finding is in line with previous years[5] and research in England and Wales which identified a life sentence or awaiting sentencing as risk factors for self-harm in prisoners[8]. Single cell occupancy has also been identified as a risk factor for suicidal behaviour[2,8]. Three quarter of episodes in 2020 and 2021 involved prisoners in single cell accommodation (77.3% and 71.9%) but it is important to note that just over half (52.1% in 2020 and 56.7% in 2021) of the prison population are housed in single cell accommodation[9].

International research suggests that the method most commonly involved in suicide deaths in prisoners is hanging[10,11]. The most common method of self-harm in prisoners is cutting or scratching[5,8]. Consistent with this, the main method of self-harm recorded in 2020 and 2021 was self-cutting or scratching, present in 60.8% of all episodes in 2020 and 62.7% of all episodes in 2021. Self-cutting was involved in almost three quarters of male episodes (70.5% versus 71.6%) and a third of female episodes (40.0% versus 37.7%). While the majority of episodes involving self-cutting were less severe (12.1% required hospital outpatient or accident and emergency department treatment in 2020 and

[7] Joyce M., et al. (2022). *National Self-Harm Registry Ireland Annual Report 2020.* National Suicide Research Foundation: Cork

[8] Hawton, K., et al. (2014). Self-harm in prisons in England and Wales: an epidemiological study of prevalence, risk factors, clustering, and subsequent suicide. *Lancet.* 383(9923): 1147-54

[9] Irish Prison Service (2023). Census Prison Population October 2020 and 2021 – Cell occupancy – In-Cell Sanitation. Available from: https://www.irishprisons.ie/information-centre/statistics-information/census-reports/

[10] Lohner, J. et al. (2007). Risk factors for self-injurious behaviour in custody: problems of definition and prediction. *Int J Prison Health.* 3(2): 135-161.

[11] Fazel, S., et al. (2011). Prison suicide in 12 countries: an ecological study of 861 suicides during 2003–2007. *Soc Psychiatry Psychiatr Epidemiol.* 46(3): 191-195.

15.1% in 2021), risk of repetition is elevated among individuals who engage in self-cutting[12,13]. Attempted hanging was recorded as the method of self-harm in 27.9% of episodes in 2020 and 15.9%

> *The findings from this report highlight the complex nature of suicidal behaviour among prisoners. The majority of episodes were deemed to have a low or medium level of medical severity (99.6% in 2020 and 94.4% in 2021). However, a significant proportion of episodes were associated with a high degree of suicidal intent* (4.4% versus 10.7%) *indicating that suicidal intent may be high regardless of*

of episodes on 2021. Female prisoners were more likely to engage in attempted hanging or than males (53.8% vs 15.8% in 2020 and 17.0% versus 15.5% in 2021). This is consistent with previous findings[5] indicating that female prisoners remain significantly more likely to engage in attempted hanging. A fourfold increase in the use of blunt objects was observed between 2019 and 2020. Episodes involving blunt objects stabilised in 2021 but they were still twice as high as 2019. Risk of suicide has been reported to increase further following self-harm of moderate or high lethality, compared to low lethality, and among prisoners with a history of repetitive self-harm[8]. In Ireland, between 2017 and 2019 2% of episodes involved admission to the hospital or intensive care unit[5]. In the study of prisoners in England and Wales, just 1% of non-fatal episodes were of high lethality[10]. The SADA project also identified that one in eight non-fatal episodes (13.1%) were deemed to have a high degree of suicidal intent between 2017 and 2019[5]. Approximately one in twenty episodes in 2020 and one in ten in 2021 (4.4% versus 10.7%) were deemed to have a high degree of suicidal intent.

The outcomes of this report in relation to contributory factors highlight the complexity of the circumstances surrounding suicidal behaviour in prison settings, with more than one contributory factor recorded in two thirds of cases (66.8%). Factors relating to mental health issues/ mental illness were the primary contributory factors recorded (45.2% in 2020 and 53.7% in 2021) – predominantly relating to poor coping skills and difficulties managing emotions (21.8% and 22.2% of all incidents), impulsivity (7.3% and 12.3%) and substance misuse and addiction (4.5% versus 7.0% of incidents).

[12] Larkin et al. (2014). Risk factors for repetition of self-harm: a systematic review of prospective hospital-based studies. *PloS One*

[13] Larkin, C, et al. (2014). Severity of hospital-treated self-cutting and risk of future self-harm: a national registry study. *Journal of Mental Health*.

Gulati et al 2018[14] found that, among Irish prisoners, the prevalence of psychotic disorders (3.6%), substance use disorders (50.9%) and alcohol use disorders (28.3%) were higher than the general population. Iqtidar et al 2018, in addition highlight that the availability of illicit drugs in prisons in Ireland contribute to lowering inhibitions and increasing impulsivity. 68.9% of deaths in custody between 2009-2015 had coronial reports of illicit substance in pathology reports. Prisoners with multiple needs (such as dual diagnosis) may require more tailored supports and interventions [15].

Our findings also highlight prison-specific factors which may contribute to the episode of self-harm. The majority of these related to procedural issues (9.4%), such as issues related to transfer (3.1% in 2020 and 1.7% in 2021) and protection (1.9% in both years), in addition to being recently issued a P19 or a reduction in incentivised regime (2.1% versus 1.0%) and denied TR/remission or breached TR (<1% in both years).

Environmental issues (15.6% in 2020 and 15.4% in 2021) relating to type of accommodation or cell type (3.3% and 2.2%), reduced access to regime (2.6% and 1.4%), legal issues (4.5 and 3.4%) and to orchestrate access to contraband (1.1%), were commonly cited. Relationship difficulties with significant others (7.0% versus 3.6%), relationship difficulties with other prisoners (5.4% versus 3.6%), the death or anniversary of someone close (1.4% versus 2.4%) and relationship difficulties with staff (2.6% versus <1%) were also common factors. Child custody or access were reported in a minority of episodes (<1% in both years).This is line with international evidence which identifies specific environmental risk factors for self-harm in prisoners, including solitary confinement, disciplinary violations, and being a victim of sexual or physical harassment while incarcarated[16].

[14] Gulati et al. (2018). The prevalence of major mental illness, substance misuse and homelessness in Irish prisoners: systematic review and meta-analyses. Irish Journal of Psychological Medicine

[15] Iqtidar M, Sharma K, Mullaney R, Mohan DJ, Kelly E, Keevans M, Cullinane M (2018). Deaths In custody in the Irish Prison Service: 5-year retrospective study of drug toxicology and unnatural deaths. *BJPsych Open* 4(5):401-403

[16] Favril L, Yu R, Hawton K, Fazel S. Risk factors for self-harm in prison: a systematic review and meta-analysis. Lancet Psychiatry 2020; 7: 682–91

Recommendations

The annual person-based rate of self-harm in 2021, at 2.6 per 100 prisoners, was significantly lower (27.8%) than the rate recorded in 2020 (3.6 per 100) but similar to the rate recorded in 2019 (2.7 per 100). The decrease in the rate of self-harm between 2021 and 2020 among sentenced prisoners can largely be attributed to both males (-46.3%) and females (-80%) aged 18-29 years. The overall female rate decreased twofold. Fluctuation in recent years can be aligned to a relatively small dataset with a changing base population on a yearly basis.

Despite a sizeable decrease in incidents between 2020 and 2021, the trends outlined in this report underline the need to implement prevention measures to further reduce the incidence of self-harm. Multicomponent programs, which include several preventive initiatives, appear to be most effective in reducing the incidence of suicide in prisons[17].

RESTRICTING ACCESS TO MEANS

A fourfold increase in the use of blunt objects was observed between 2019 (n=8) and 2020 (n=33), with twenty-eight females engaging in self-harm involving blunt objects in 2020 compared to under five in 2019. Episodes involving blunt objects stabilised in 2021 (n=17) but they were still twice as high as 2019. Restricted access to means and preventative interventions for highly vulnerable prisoners should be considered[5,18].

DEVELOPMENT OF MEASURES TO PREVENT SELF-HARM

Contributory factors relating to mental health issues/mental illness were the primary factors recorded. This is in line with Gulati et al. (2019), who found that the prevalence of psychotic disorders, substance use disorders and alcohol use disorders were higher in prisoners than in the general population[14]. Interventions to address self-harm, and co-occurring mental health problems specifically, are warranted, given the high rate of mental health factors associated with episodes of self-harm among prisoners. They should incorporate targeted approaches to improve family support, monitor capacity and improve access to regimes.

[17] Stijelja S, Mishara BL. Preventing suicidal and self-Injurious behavior in correctional facilities: A systematic literature review and meta-analysis. *EClinicalMedicine*. 2022 Jul 22;51:101560

[18] Zhong, S., Senior, M., Yu, R., Perry, A., Hawton, K., Shaw, J., et al. (2021), “Risk factors for suicide in prisons: an updated systematic review and meta-analysis”, The Lancet Public Health, Vol. 6 No. 3, pp. e164-e17

The COVID-19 pandemic led to unprecedented measures being implemented in prisons. Infection control methods such as isolation and solitary confinement have been found to have increased depression and anxiety among the prison population[19], however, enhanced social connection has also been reported due to innovative interventions[20]. Further research is warranted evaluating such innovations. Exploration of the preventative effects of desistance may also be beneficial. Specific emphasis should be placed on supporting those with addiction issues and psychotic disorders, and those who present with dual diagnosis.

FOCUS ON EDUCATION, DEVELOPING EMOTIONAL SKILLS, AND BUILDING RESILIENCE

The predominant mental health contributory factors identified related to poor coping skills, difficulties managing emotions and impulsivity, in line with international research. Low education and poor social support while incarcerated have also been identified as risk factors for suicide and self-harm in prisoners[21]. A focus on education, developing emotional skills and building resilience among the prison population may lead to improvements in general mental health and wellbeing, engagement with services, improved relationships and progress in their sentence management plan[5,22].

[19] User Voice & Queen's University Belfast (2022). Coping with Covid in Prison: The Impact of the Prisoner Lockdown. Retrieved from: https://www.uservoice.org/wp-content/uploads/2022/08/User-Voice-QUB-Coping-with-Covid.pdf [Accessed November 7th,2023]

[20] Gray R, Rooney B, Connolly C (2021). Experiences of COVID-19 isolation in Northern Ireland prisons: a qualitative study. International Journal of Prisoner Health

[21] Sakelliadis, E.I., Papadodima, S.A., Sergentanis, T.N., Giotakos, O. and Spiliopoulou, C.A. (2010), "Selfinjurious behavior among Greek male prisoners: prevalence and risk factors", European Psychiatry, Vol. 25 No. 3, pp. 151-158

[22] Chiclana, S., Castillo-Gualda, R., Paniagua, D. and Rodrı´guez-Carvajal, R. (2019), "Mental health, positive affectivity and wellbeing in prison: a comparative study between young and older prisoners", Revista Espanola de Sanidad Penitenciaria, Vol. 21 No. 3, pp. 138-148, PMID: 32083276.

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[23] Department of Health. (2015). *Connecting for Life: Ireland's National Strategy to Reduce Self-harm and Suicide (2015-2024).* Dublin

IRELAND'S PRISONS

There are 13 institutions in the Irish prison system consisting of 10 traditional "closed" institutions, two open centres, which operate with minimal internal and perimeter security, and one "semi-open" facility with traditional perimeter security but minimal internal security and is mainly used to house older prisoners (the Training Unit). The majority of female prisoners are accommodated in the Mountjoy Female Prison (Dóchas Centre), with the remainder accommodated in Limerick Prison.

Fig 3. The Irish Prison Service Estate 31 December 2022

Source: Irish Prison Service Annual Report 2022

Introduction

Connecting for Life, Ireland's National Strategy to Reduce Suicide 2015-2024[23] highlights prisoners as a priority group with vulnerability to an increased risk of suicidal behaviour. As part of *Connecting for Life,* the Irish Prison Service (IPS) has committed to reviewing, analysing and learning from each episode of self-harm within the prison estate.

The Self-Harm Assessment and Data Analysis (SADA) project began monitoring self-harm in Irish prisons in 2017. It provides robust information relating to the incidence and profile of self-harm within prison settings, it identifies individual- and context-specific risk factors relating to self-harm and examines patterns of repeat self-harm (both non-fatal and fatal). Uniquely, the monitoring system collects information on the level of medical severity and suicidal intent associated with self-harm episodes occurring in the prison setting in Ireland. Such information can be used as an evidence base to inform the identification and management of those in custody, those engaging in and at-risk of self-harm and to develop effective prevention initiatives.

This project contributes to achieving the goals and objectives of *Connecting for Life*, specifically: 7.2.1 'Develop capacity for observation and information gathering on those at risk of or vulnerable suicide and self-harm' and 5.3.1 'Through the Death in Custody/Suicide Prevention Group in each prison, identify lessons learned, oversee the implementation of the corrective action plan, and carry out periodic audits'.

In line with the IPS Strategy 2023-2027[24], the National Suicide and Harm Prevention Steering Group monitors the incidence and nature of self-harm and death by suicide, reviews episodes with a view to improving prevention and response measures and ensures the sharing of relevant information on risk factors and best practice with local Self-Harm and Suicide Prevention Groups. The IPS is currently working on options to improve the assessment and management of self-harm in Irish Prisons. In 2023, Psychological Services introduced a new protocol for working with those who self-harm involving a stepped care model focusing on emotion dysregulation and its relationship with prison settings, and commissioned research on suicide prevention and supporting desistance.

[24] Irish Prison Service Strategy 2023 – 2027. Available from: https://www.irishprisons.ie/wp-content/uploads/documents_pdf/IPS_Service_Strategy-2023-2027-1.pdf

A multidisciplinary subgroup of the NSHPSG was tasked with developing and implementing SADA across the prison estate. The Health Service Executive's (HSE) National Office for Suicide Prevention (NOSP) and the National Suicide Research Foundation (NSRF) assist the IPS with data management, data analysis and reporting.

The NSRF have expertise in the development and maintenance of self-harm surveillance systems. The National Self-Harm Registry Ireland is a national system of population monitoring for the occurrence of hospital-treated self-harm. It was established by the NSRF in 2002 and is funded by the HSE NOSP. It is the world's first national registry of cases of intentional self-harm presenting to hospital emergency departments. The template of the Irish Registry was the basis for the WHO Practice Manual for Establishing and Maintaining Surveillance Systems for Suicide Attempts and Self-Harm in 2016[25]. The NSRF was re-designated as a WHO collaborating centre for surveillance and research in suicide prevention for four years in 2023.

[25] World Health Organization. (2016). *Practice manual for establishing and maintaining surveillance systems for suicide attempts and self-harm.* World Health Organization: Geneva. 77.

Methods

Definition and terminology

The following definition of self-harm is used: 'self-harm is (non-accidental) self-poisoning or self-injury, irrespective of the apparent purpose of the act'. This definition was developed for the National Clinical Practice Guidelines[26] and is in line with the definition used by the National Self-Harm Registry Ireland. The definition includes acts involving varying degrees of suicidal intent, from low intent to high intent and various underlying motives such as loss of control, cry for help or self-punishment.

Inclusion criteria

The following are considered to be self-harm cases:

- All methods of self-harm i.e. drug overdoses, alcohol overdoses, lacerations, attempted drownings, attempted hangings, burning, gunshot wounds, swallowing non-ingestible substances or objects and other behaviours likely to induce bleeding, bruising and pain etc. where it is clear that the self-harm was intentionally inflicted.
- Food and/or fluid refusal, irrespective of duration.
- Overdose of prescription or illicit substances where there is intent to self-harm.
- Alcohol overdose (e.g. hooch) where the intention was to self-harm.

Exclusion criteria

The following are NOT considered to be self-harm cases:

- Behaviour where there is no intent to self-harm.
- Accidental overdoses e.g. an individual who takes additional medication in the case of illness, without any intention to self-harm.
- Alcohol overdoses alone where the intention was not to self-harm.
- Accidental overdoses of illicit substances used for recreational purposes, without the intention to self-harm.
- Acts of self-harm by individuals with a profound learning disability. One of the reasons for exclusion is that self-harm is a behavioural outcome of some learning disabilities.

[26] National Institute for Health and Care Excellence. (2004). *Self-harm in over 8s: short-term management and prevention of recurrence.* CG16.

Data recording

Data on each episode of self-harm are recorded using the standardised SADA form by the multi-disciplinary team in each prison (Appendix 1), including prison staff and representatives from psychology, primary care, psychiatry and other relevant service providers involved with the person in custody. The form consists of four sections: (1) demographic information; (2) severity and intent matrix; (3) typology of prisoner; (4) contributory factors and is completed using a standard operating procedure outlined in the SADA manual (Centers for Disease Control and Prevention, 2022; Irish Prison Service, 2018). Applying the case-definition and inclusion/exclusion criteria, episodes are identified and discussed at regular meetings of the multi-disciplinary team to assess for accuracy. A data set was developed from the SADA data collection form, including demographic information (sex and age), circumstances of the self-harm episode and prison-related information and typology. The completed forms are then forwarded to the Care and Rehabilitation Directorate and subsequently transferred to the National Suicide Research Foundation (NSRF). Data are then recorded onto an encrypted computer in the NSRF.

Data protection and confidentiality

Confidentiality is strictly maintained. The National Suicide Research Foundation is registered with the Data Protection Agency and complies with the EU General Data Protection Regulation (2018). A Data Processing Agreement between the IPS and the NSRF is in place. Only anonymised data are released in aggregate form in reports. Full names of prisoners are not recorded. Prisoner initials and PIMS (Prisoner Information Management System) number are recorded, to allow for recording of multiple episodes by the same individual.

Data items

A dataset has been developed from the SADA form (Appendix 1) to determine the extent of self-harm and suicide in Irish prisons, the typology of prisoners engaging in self-harm and the influencing or motivating factors of each episode.

- **PRISON**

  The prison that the prisoner was in at the time of the episode is recorded.

- **INITIALS AND IDENTIFIERS**
- **AGE**
- **OFFENCE TYPE**

  Reason for prisoner's conviction

- **QUARTER**
- **DATE AND TIME OF EPISODE**
- **METHOD OF SELF-HARM**

  The method(s) of self-harm are recorded in line with the Tenth Revision of the World Health Organisation's (WHO) International Classification of Diseases codes for intentional injury (X60-X84). The main methods are self-cutting/self-harm with a sharp object (X78), overdose of drugs and medications (X60-64), self-poisoning with alcohol (X65), self-harm by hanging, strangulation and suffocation (X70) and self-poisoning which involve the ingestion of chemicals, noxious substances, gases and vapours (X66-X69). Some episodes may involve a combination of methods. In this report, results generally relate to the primary method of self-harm. In keeping with standards recommended by the WHO/ Euro Study on Suicidal Behaviour[27], this is taken as the most potentially lethal method employed.

- **DESCRIPTION OF INCIDENT**
- **SEVERITY/INTENT MATRIX**

  A measure of severity was developed based on physical consequences of the episode, ranging from 1 to 6, from no treatment required (1) to hospitalisation (5) and death (6). A measure of suicidal intent associated with the self-harm episode was developed based on the Beck Suicide Intent Scale (SIS) [28], ranging from 1 to 3, including no/low intent (no thoughts, no plan or premeditation) (1), medium level of intent (some level of thoughts, premeditation, planning) (2) and high level of intent (evidence of thoughts, ideation and planning) (3). A coding guide based on the items of the Beck SIS is used when assigning an intent score and was informed by subjective reporting from the prisoner and objective evidence.

[27] Platt, S., et al. (1992). Parasuicide in Europe: the WHO/EURO multicentre study on parasuicide. I. Introduction and preliminary analysis for 1989. *Acta Psychiatr Scand.* 85(2): 97-104.
[28] Beck, A.T., et al. (1979). Assessment of suicidal intention: the scale for suicide ideation. *J Consult Clin Psychol.* 47(2): 343.

Severity and intent are coded together on the "severity/intent matrix", a table with intent across the top and severity at the side where the act is be plotted to allow for the consideration of both components in relation to each other.

- ### GENDER

- ### ACCOMMODATION

  The type of prisoner accommodation at the time of the episode is recorded. The most common type of prisoner accommodation is general population.

- ### CELL TYPE

  Whether a prisoner is in a single or shared cell at the time of the episode is recorded. The recorded percentage of single cell accommodation available for prisoners across the prison estate was 52.1% in 2020 and 56.7% in 2021.

- ### LEGAL STATUS

  Whether the prisoner is on remand, tried and awaiting sentencing, or sentenced is recorded.

- ### SENTENCE LENGTH AND TRIMESTER

  Where applicable, the length of the prisoner's sentence and the trimester of the sentence they are in is recorded.

- ### REGIME LEVEL

  The prisoner's regime status at the time of the episode is recorded. The IPS Incentivised Regimes Policy provides for differentiation of privileges between prisoners depending on their regime level which is determined according to their level of engagement with services and quality of behaviour[29]. The three levels of privilege provided are: basic, standard and enhanced. Newly committed prisoners enter at the standard level of the privilege regime. Based on their standard of behaviour, prisoners can progress to the higher, enhanced level or regress to the lower, basic level.

- ### CONTRIBUTORY FACTORS

  Factors that contributed to or motivated the episode were recorded. Some episodes had multiple contributory factors; in such cases all factors were recorded. Contributory factors were organised into the following five themes: environmental, relational, procedural, medical and mental health.

[29] Irish Prison Service. (2013). *Irish Prison Service Policy for Incentivised Regimes.* Irish Prison Service: Dublin.

Calculation of prison rates of self-harm

The annual person-based rate of self-harm in 2020 and 2021 was calculated for the prison population overall, for male and female prisoners as well as for sentenced prisoners and those on remand. Prison population figures were provided by the Irish Prison Service (IPS) for each day of 2020 and 2021. The average of these daily populations was used as the estimated prison population for both years. Crude rates per 100 prisoners were calculated by dividing the number of prisoners who engaged in self-harm (n) by the relevant population figure (p) and multiplying the result by 100, i.e. (n/p)*100. Exact Poisson 95% confidence intervals were calculated for rates using Stata version 12.0.

Setting and coverage

Throughout 2020 and 2021 there were twelve institutions in the Irish Prison Service consisting of ten traditional "closed" institutions and two open centres, which operate with minimal security (www.irishprisons.ie). Of the ten closed institutions, one is a high security prison while the remaining nine are medium security. The majority of female prisoners are accommodated in the Dóchas Centre with the remainder accommodated in Limerick Prison. The average number of persons in custody (including prisoners on remand/ awaiting trial, sentenced and on temporary release) in 2020 was 3,823. In 2021 the average number of persons in custody was 3,792. On average 96.2% (n=7,223) were male and 3.8% (n=292) were female[30]. Of those in custody, approximately one in five were on remand in 2020 and 2021 (19.3% versus 18.8%),while the remainder of the prisoners were sentenced. The most common sentence length, based on a snapshot of the prison population on an arbitrary dates in 2020 and 2021[31], was between 5 and 10 years (22.8% versus 24.4%), followed by 3 to 5 years (21.8% versus 21.8%), under 1 year (11.6% versus 11.9%), 1 to 2 years (12.1% versus 11.0%), life (11.8% versus 12%), 2 to 3 years (11.7% versus 10.4%), and 10 or more years (8.2% versus 8.4%) (See figure 2). Overall, the age profile of male and female sentenced prisoners is similar (see figure 3 & 4). For both sexes, there is a concentration of prisoners in the age ranges of 30-39 years and 40+years[30].

[30] Irish Prison Service. (2023). *Age Profile classified by gender of sentenced prisoners on November 30th, 2020 & 2021.*
[31] Irish Prison Service. (2023). *Sentence length of sentenced prisoners in custody on November 30th, 2020 & 2021*

Table 1. *Prison characteristics and demographics, 2020 & 2021*

PRISON	SECURITY	PRISON POPULATION		ON REMAND		SINGLE CELL		SHARED CELL	
		2020	2021	2020	2021	2020	2021	2020	2021
Arbour Hill	Medium	130	125	0.8%	0.8%	77.6%	76.7%	22.4%	23.3%
Castlerea	Medium	297	286	19.2%	19.6%	40.4%	44.6%	59.6%	55.4%
Cloverhill	Medium	362	369	82.9%	80.8%	19.6%	19.6%	80.4%	80.4%
Cork	Medium	271	255	23.6%	20.4%	8.9%	20.8%	91.1%	79.2%
Limerick (M)	Medium	206	195	38.8%	28.2%	40.0%	53.5%	60.0%	46.5%
Limerick (F)	Medium	28	28	21.4%	25.0%	44.8%	71.4%	55.2%	28.6%
Loughan House	Low(open)	105	95	0.0%	0.0%	83.7%	100.0%	16.3%	0.0%
Midlands	Medium	814	802	10.4%	11.3%	37.1%	44.9%	62.9%	55.1%
Mountjoy	Medium	667	691	6.4%	5.2%	100.0%	100.0%	0.0%	0.0%
Dóchas Centre (F)	Medium	120	116	25.8%	28.4%	44.8%	41.2%	55.2%	58.8%
Portlaoise	High	225	211	4.9%	4.3%	72.9%	69.0%	27.1%	31.0%
Shelton Abbey	Low(open)	93	96	0.0%	0.0%	44.6%	39.4%	55.4%	60.6%
Wheatfield	Medium	505	523	12.1%	14.0%	53.5%	53.0%	46.5%	47.0%
TOTAL		3,823	3,792	19.3%	18.8%	52.1%	55.7%	47.9%	44.3%
Male		3675	3648						
Female		148	144						

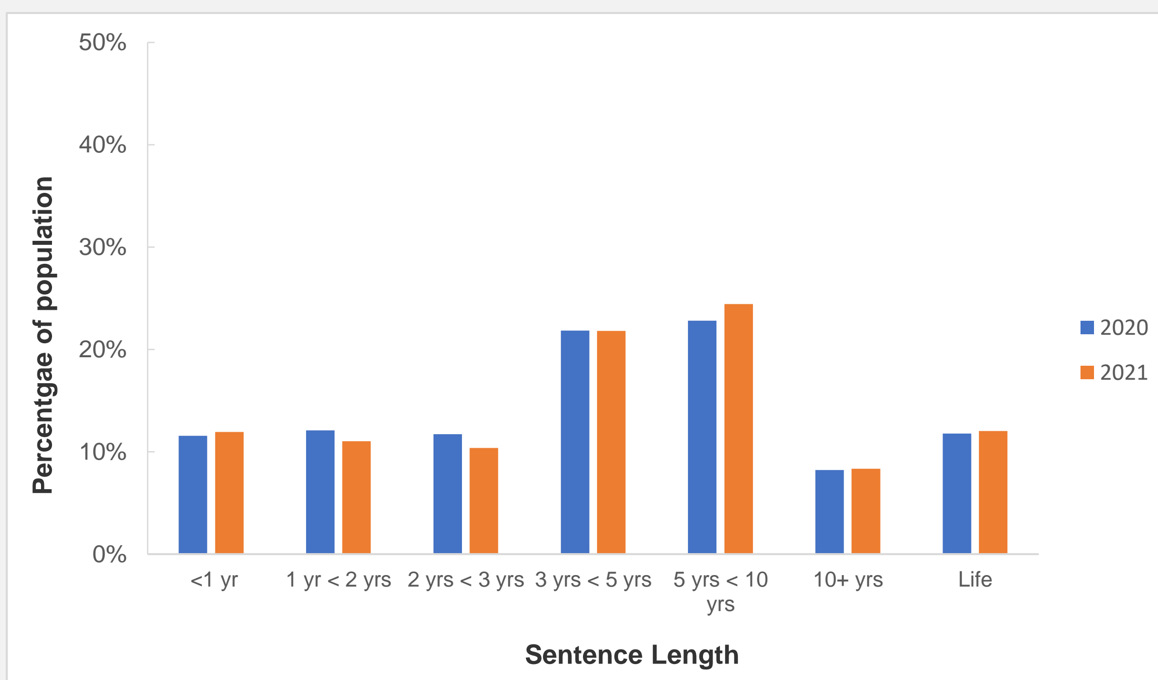

Figure 2. *Sentence length of prisoners in custody on an arbitrary date in 2020 & 2021*

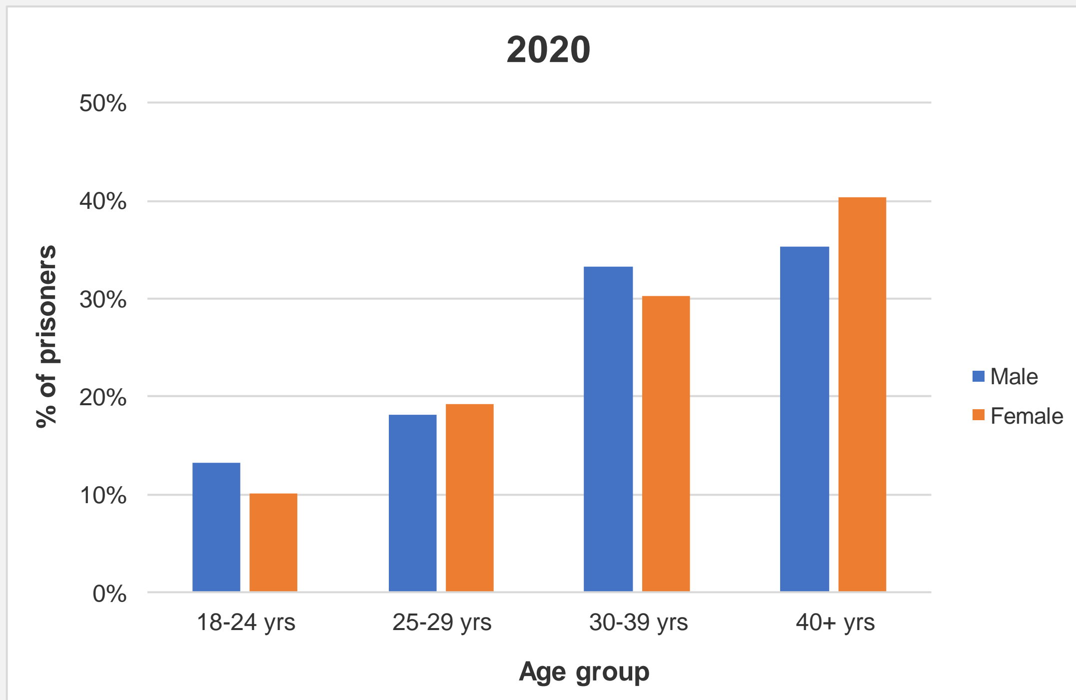

Figure 3. *Age group of sentenced prisoners in custody on an arbitrary date in 2020*

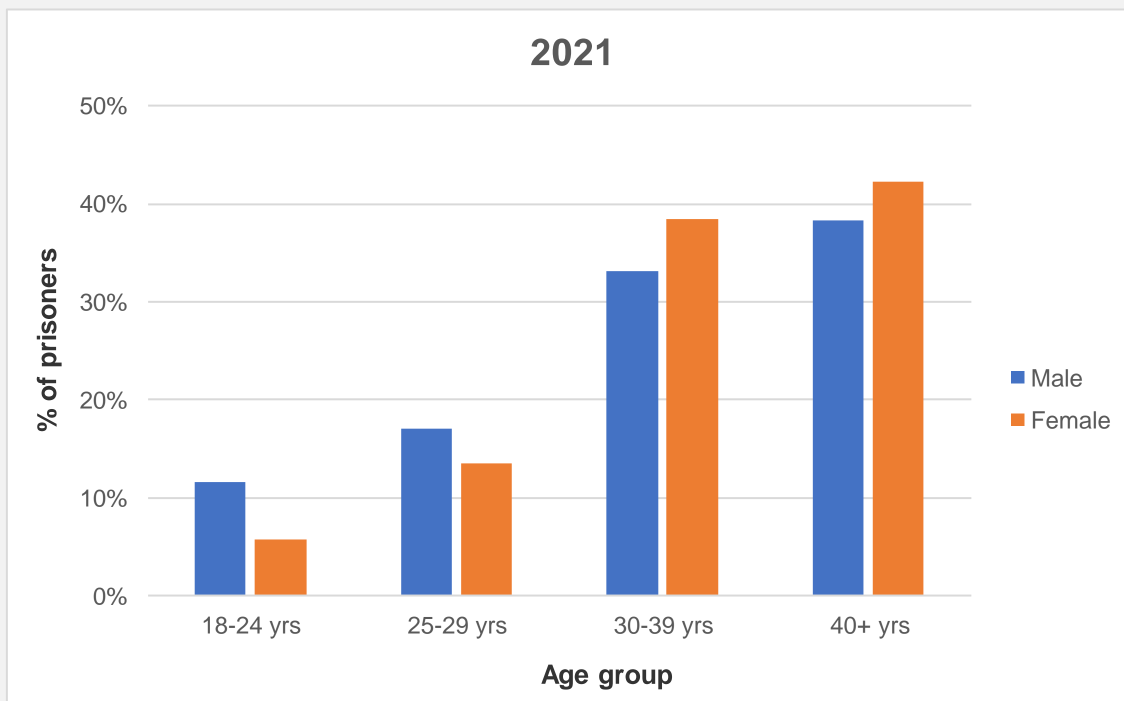

Figure 4. *Age group of sentenced prisoners in custody on an arbitrary date in 2021*

Self-harm in Irish Prisons – 2020 & 2021

Between 01 January 2020 and 31 December 2021, there were 421 episodes of self-harm recorded in Irish Prisons, involving 217 individuals. There were 225 episodes of self-harm involving 126 individuals in **2020** and 196 episodes involving 91 individuals in **2021**. Thus, the number of self-harm episodes was 13% lower in 2021 than in 2020 and the number of persons involved decreased by 28%.

The rate of self-harm was calculated based on the number of unique individuals who engaged in self-harm in Irish prisons during the period January 2020 to December 2021. The annual rate of self-harm in 2020 was 3.6 per 100 prisoners, representing 3.6% of all prisoners. The annual person-based rate of self-harm in 2021, at 2.6 per 100 prisoners, was significantly lower (27.8%) than the rate recorded in 2020 but similar to the rate recorded in 2019 (2.7 per 100). The overall prison population (those sentenced and on remand/ awaiting trial) decreased by 0.8% between 2020 (n=3,823) and 2021 (n=3,792). The rate of self-harm among male prisoners was 2.8 per 100 in 2020 and 2.3 in 2021, with a decrease of 17.9% recorded. Thirty-one female prisoners engaged in self-harm in 2020 and fourteen in 2021 equating to rates of 36.2 and 15.6 per 100, respectively - a twofold decrease.

The rate of self-harm for sentenced prisoners was 1.5 per 100 in 2020 and 1.5 per 100 in 2021. The rate of self-harm for remand prisoners was 3.0 per 100 in 2020 and 3.1 per 100 in 2021.

	Individuals		Episodes		Rate per 100 (95% CI)	
	2020	2021	2020	2021	2020	2021
TOTAL	126	91	225	196	3.6 (3-4.3)	2.6 (2.1-3.2)
Male	95	77	132	144	2.8 (2.7-4.1)	2.3 (2.2-3.4)
Female	31	14	93	52	36.9 (3.4-6.9)	15.6 (1.2-3.5)
Sentenced	80	51	157	120	1.5 (1.1-2.1)	1.5 (1.1-2.1)
On remand	45	40	67	76	3.0 (1.9-4.5)	3.1 (1.9-4.6)

LEGAL STATUS MISSING FOR ONE INDIVIDUAL AND ONE EPISODE IN 2020

Table 2. *Rate of self-harm among Irish prisoners, 2020 & 2021*

The majority of prisoners who engaged in self-harm in 2020 and 2021 were male (n=172; 79.0%). Overall, the average number of persons in prison in 2020 and 2021 was made up of 7,323 (96.2%) men and 292 (3.8%) women. The mean age was 30 years (range 18-61 years) in 2020 and 32 years (range 18-64 years) in 2021. Half of male prisoners (50.4%) were aged between 18 and 29 years, while the majority of female prisoners (59.6%) were aged 25-39 years.

In 2020 and 2021, the rate of self-harm among sentenced prisoners was highest among those aged 18-29 years. Consistent with the overall decreasing pattern, rates among prisoners aged 18-29 years decreased two-fold between 2020 and 2021 (4.9 and 2.3, respectively). Across all ages groups, the rate of self-harm was higher among female prisoners (see figure 5 & 6), although this is based on very small numbers.

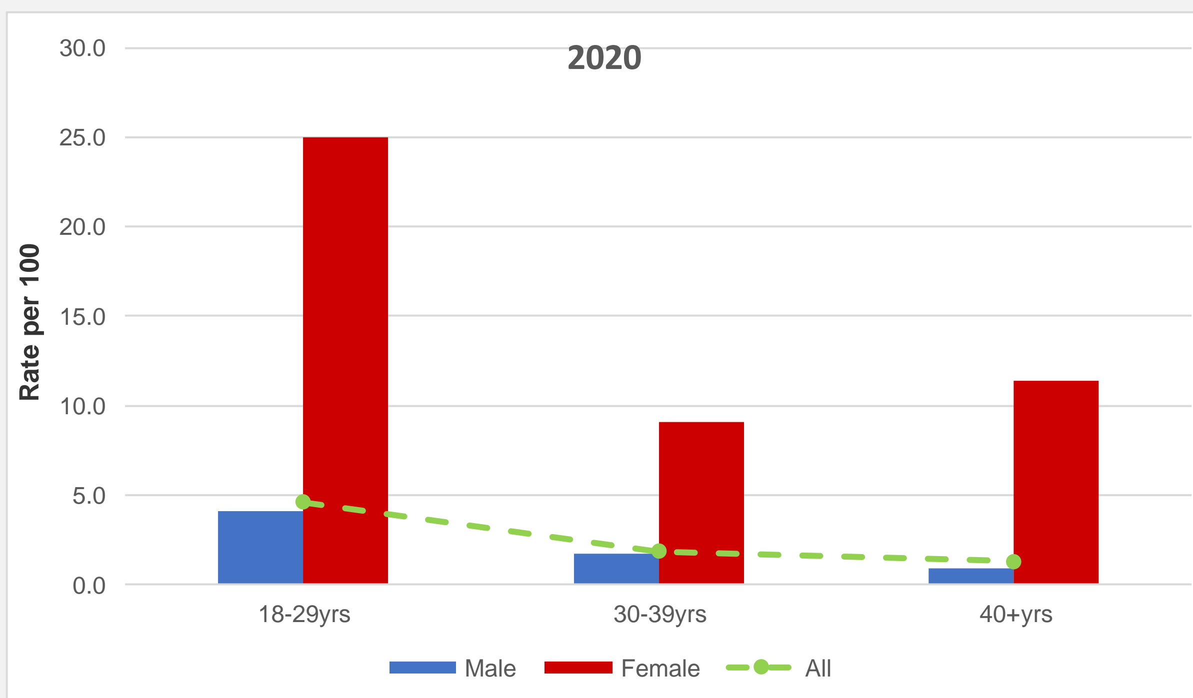

Figure 5. *Age-specific rate of self-harm among sentenced prisoners (per 100 prisoners) in 2020*

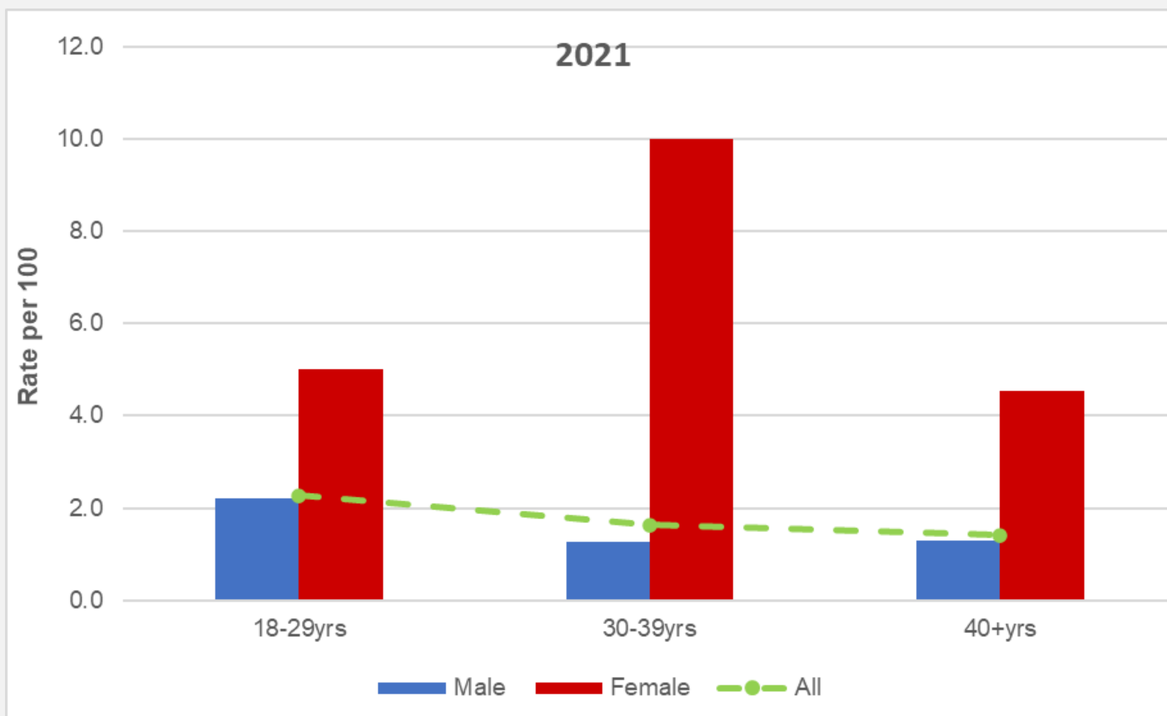

Figure 6. *Age-specific rate of self-harm among sentenced prisoners (per 100 prisoners) in 2021*

In 2020, assault including battery and causing harm was the most common offence type (44.2%), while in 2021, burglary/robbery/theft was the most common offence type recorded (31.6%) (See figure 7).

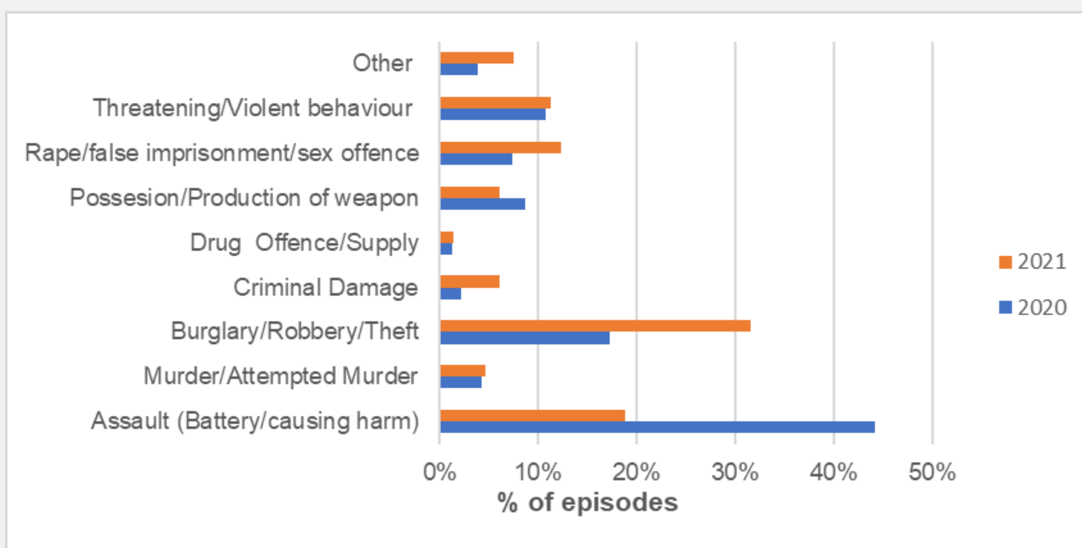

Figure 7. *Offence Type 2020 and 2021*

Self-harm by time of occurrence

Patterns of self-harm varied according to the day of the week in 2020 and 2021. The number of episodes which occurred on Tuesday's (17.6%) were above average (see figure 8).

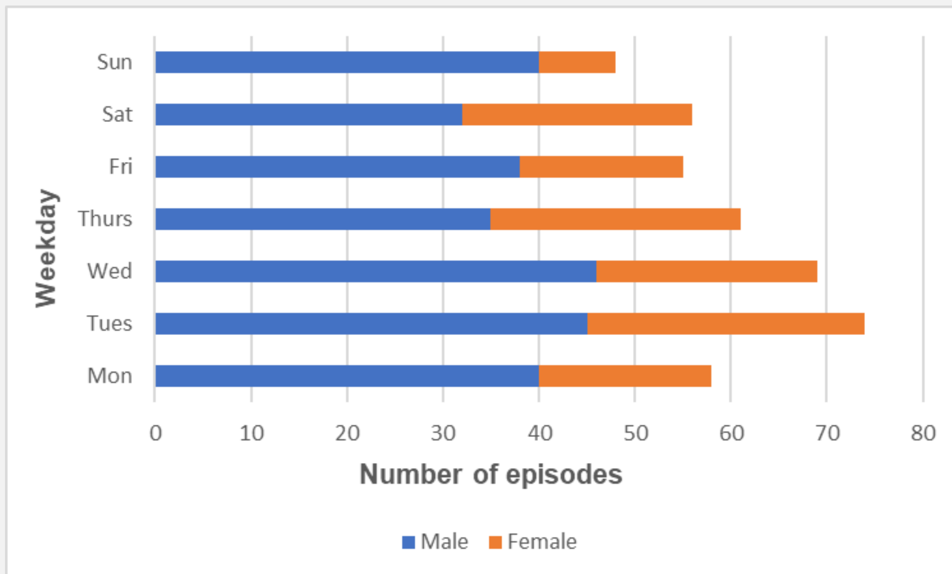

Figure 8. *Number of episodes by weekday 2020 and 2021*

The monthly average number of episodes of self-harm was 19 in 2020 and 16 in 2021. The observed number of self-harm episode fluctuated by month from 23 in April to 48 in August (see figure 9).

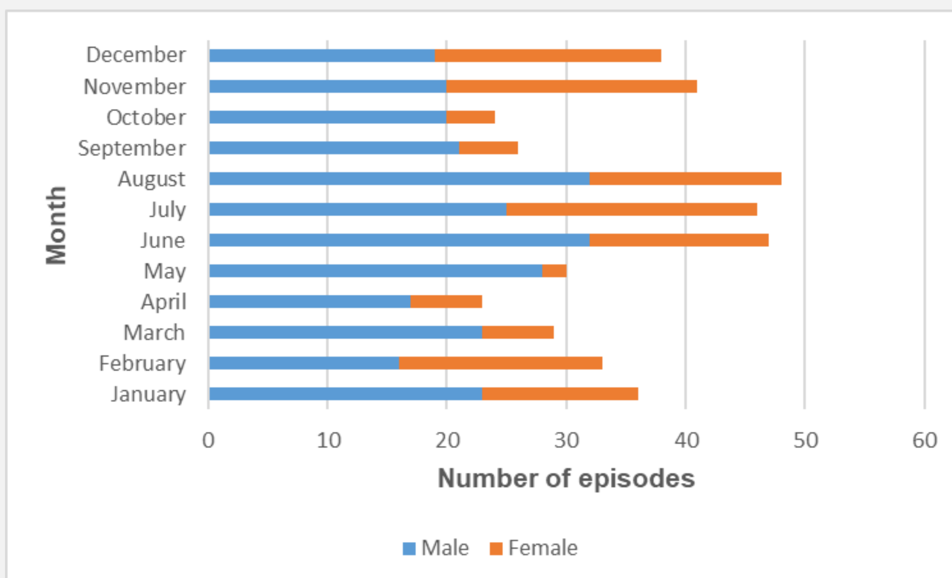

Figure 9*. Number of episodes by month of occurrence in 2020 and 2021*

In both years, the number of episodes of self-harm gradually increased during the day. A sharp peak was observed in the afternoon and early evening, with 44.4% and 46.4% of episodes occurring between 2pm and 8pm in 2020 and 2021. The majority (56.7%) of episodes happened while prisoners were unlocked (see figure 10). The proportion of episodes that occurred during periods of unlock was similar for prisoners in general population accommodation and those who were on protection (62.0% versus 53.7% in 2020 and 56.3% versus 41.4% in 2021). This suggests that regardless of whether the prisoner is locked up or not, a high proportion of incidents typically occur during periods of unlock.

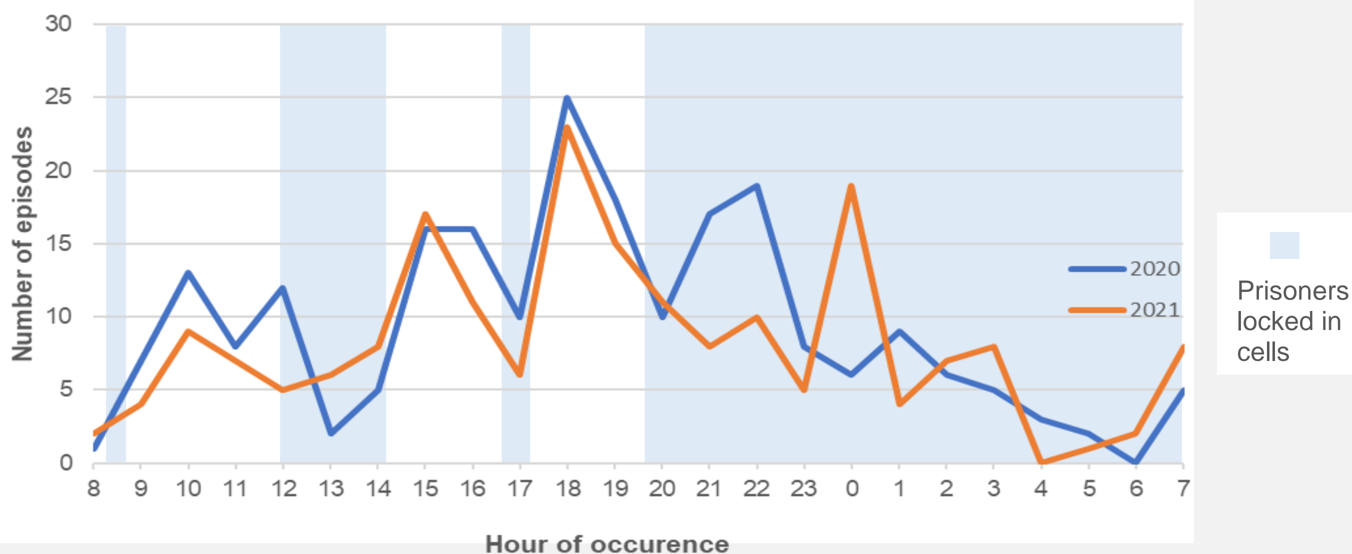

Figure 10. *Hour of self-harm episode in 2020 and 2021*

Repetition of self-harm

Half of all episodes were due to repeat self-harm in 2020 (44.0%) and 2021 (53.6%). The person-based rate of repetition was 25.4% in 2020, implying that 32 individuals had self-harmed more than once, and 42.9% in 2021, implying that 39 individuals had self-harmed more than once. The rate of repetition was higher for female prisoners in both years (35.5% versus. 22.1% in 2020 and 57.1% versus. 40.3% in 2021). A small number of individuals engaged in self-harm more than ten times in both 2020 and 2021 (n=<5). This number is likely to be underestimated due to incidents pre 2016 and community based self-injury not being included in the data set.

Method of self-harm

The most common method of self-harm recorded in 2020 and 2021 was self-cutting (60.8% versus 62.7%). Self-cutting was involved in almost three quarters of male episodes (70.5% versus 71.6%) and a third of female episodes (40.0% versus 37.7%). Attempted hanging, blunt objects, chemical/noxious substances and intentional drug overdose were the only other common methods of self-harm (see table 3).

	Cutting		Attempted hanging		Blunt objects		Chemical/ noxious substances		Intentional Overdose		Other	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
All	124 (60.8%)	126 (62.7%)	57 (27.9%)	32 (15.9%)	33 (16.2%)	17 (8.5%)	<10 (2.5%)	<10 (3.5%)	<10 (1.0%)	<10 (3.5%)	<10 (3.0%)	<15 (6.0%)
Male	98 (70.5%)	106 (71.6%)	22 (15.8%)	23 (15.5%)	<10 (3.6%)	<10 (3.4%)	<5 (2.9%)	<5 (2.0%)	<5 (<1%)	<5 (2.7%)	<5 (2.1%)	<10 (4.8%)
Female	26 (40.0%)	20 (37.7%)	35 (53.8%)	<10 (17.0%)	28 (43.1%)	12 (22.6%)	<5 (1.5%)	<5 (7.5%)	<5 (1.5%)	<5 (5.7%)	<5 (4.6%)	<10 (9.4%)

Table 3. *Method of self-harm*

Prisoner accommodation/ cell type and sentence

In both 2020 and 2021, the majority of self-harm episodes involved prisoners who were in single cell accommodation (77.3% versus 71.9%). Of the overall prison population, 52.1% were housed in single cell accommodation in 2020 and 56.7% in 2021, based on snapshots of the prison population on an arbitrary date in each year[32].

Regarding prisoner accommodation, in 2020 and 2021, 67.6% and 73.5% of prisoners who engaged in self-harm were in general population accommodation and a further 18.2% and 14.8% were on protection (including Rule 62 and 63) at the time of the self-harm act. Approximately one in twenty self-harm episodes involved prisoners in a High Support Unit (4.0% versus 5.1%). A number of episodes occurred while the individual was placed in a Safety Observation Cell (3.1% versus 3.6%), or in a Close Supervision Cell (CSC) (7.1% versus 3.1%) (See table 4).

General population		Protection		High support unit (HSU)		Close supervision cell (CSC)		Safety observation cell (SOC)	
2020	**2021**	**2020**	**2021**	**2020**	**2021**	**2020**	**2021**	**2020**	**2021**
152 (67.6%)	144 (73.5%)	41 (18.2%)	29 (14.8%)	<10 (4.0%)	10 (5.1%)	16 (7.1%)	<10 (3.1%)	<10 (3.1%)	<10 (3.6%)

Table 4. *Prisoner accommodation*

The majority of self-harm episodes involved sentenced prisoners in 2020 and 2021 (72.9% versus 61.7%), while 26.7% and 38.3% were on remand/ awaiting trial at the time of the self-harm episode. Considering sentenced prisoners, the highest proportion (97; 34.9%) were serving a sentence of three months to one year (see figure 11). Irish Prison Service data shows that over two thirds of all prisoners are serving sentences of less than 1 year[33].

[32] Irish Prison Service. (2023). Average prison population Jan to Dec 2020 & 2021

[33] Irish Prison Service. (2023). Sentenced Committed for Years 2007 to 2022. https://www.irishprisons.ie/information-centre/statistics-information/yearly-statistics/

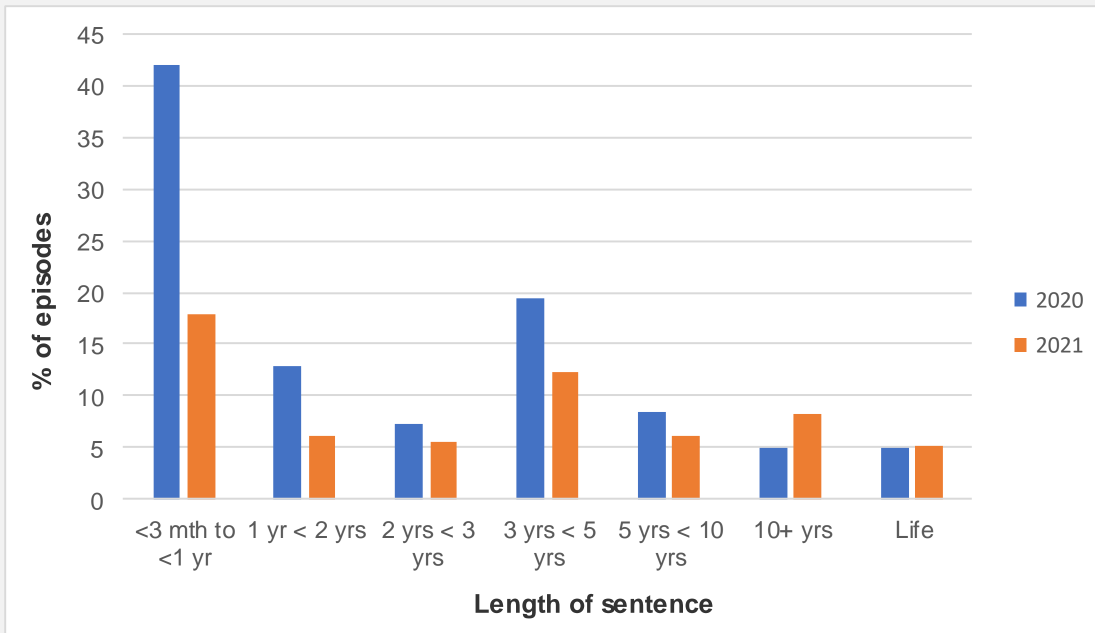

Figure 11. *Length of sentence being served in 2020 and 2021 (sentenced prisoners)*

More than one-third of self-harm episodes occurred in the third trimester of a sentence in 2020 and 2021 (38.9% versus 39.1%), with 34.4% and 23.6% occurring in the first trimester and 26.3% and 37.3% in the second trimester (See Figure 12).

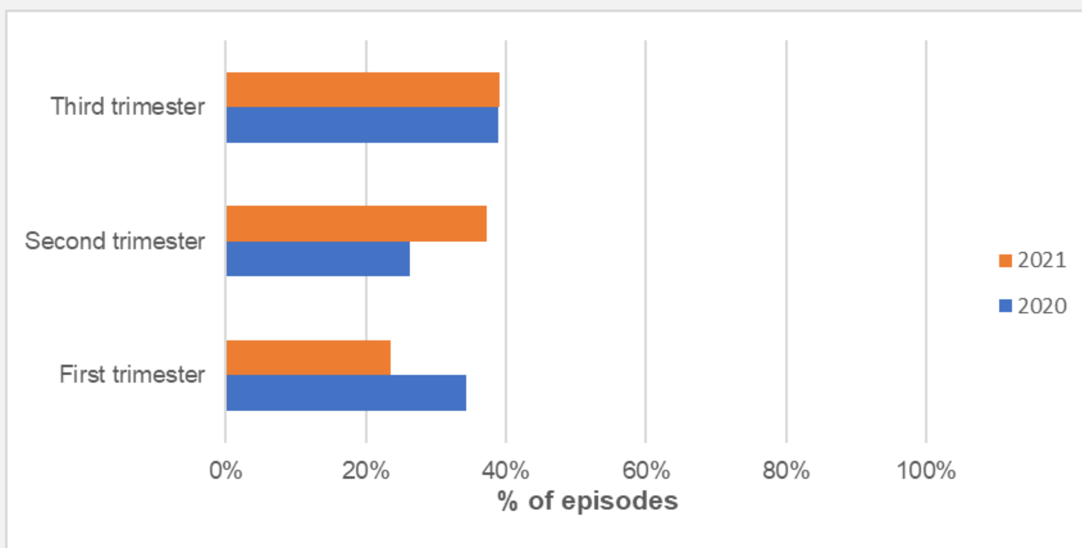

Figure 12. *Trimester of sentence in which self-harm occurred 2020 and 2021*

The highest proportion of episodes involved prisoners on a standard regime level (283; 67.1%), 84 (19.9%) were on an enhanced regime, and one in ten were on a basic regime (54; 12.8%).

Treatment, severity and intent

In 2020, for almost half of self-harm episodes (101; 44.9%), no medical treatment was required. In 2021, for one in four episodes no medical treatment was required (47; 24.0%), a twofold decrease from 2020. In 2020 and 2021, 44.5% and 55.6% required minimal intervention/ minor dressings or local wound management. One in ten required hospital outpatient or accident and emergency department treatment in 2020 (23; 10.2%) [34], while one in twenty required hospital outpatient or accident and emergency department treatment in 2021 (9; 4.6%). During 2020 and 2021, under five self-harm acts involved admission to hospital or ICU or loss of life (see Table 5). Self-harm episodes by male prisoners were associated with increased severity – in 2020, 71.2% of male prisoners who self-harmed required some medical treatment compared with 32.3% of female prisoners. While in 2021, prisoners requiring some medical treatment was equal across both genders (76.4% versus 75.0%).

No treatment needed		Minimal intervention		Local wound management		Outpatient/ A&E treatment		Admission to Hospital / ICU / Loss of Life	
2020	**2021**	**2020**	**2021**	**2020**	**2021**	**2020**	**2021**	**2020**	**2021**
101 (44.9%)	47 (24.0%)	60 (26.7%)	79 (40.3%)	40 (17.8%)	30 (15.3%)	23 (10.2%)	9 (4.6%)	<5 (<1.0%)	<5 (1.0%)

Table 5. *Severity of self-harm and recommended next care in 2020 and 2021*

Method of self-harm was also associated with differences in severity of care required. While self-cutting was the most common method, no self-cutting episodes resulted in loss of life across the two years and 12.1% (n=15) required hospital outpatient or accident and emergency department treatment in 2020 and 15.1% (n=19) in 2021. Yet 45.5% of more severe episodes

(Hospitalisation/ICU/Loss of Life) involved self-cutting across both years (n=5). Similarly, self-harm with a blunt object had no fatal outcomes but 35.3% (n=6) of episodes in 2020 and 15.1% (n=5) in 2021 required hospital outpatient or accident and emergency department treatment.

[34] Episodes of self-harm requiring hospital treatment will also be recorded by the National Self-Harm Registry Ireland

Additionally, 3.5% (n=<5) of episodes involving attempted hanging required hospital outpatient or accident and emergency department treatment and no episodes resulted in admission to hospital or ICU or loss of life in 2020. While 6.3% (n=<5) of episodes involving attempted hanging required hospital outpatient or accident and emergency department treatment and fewer than five episodes (3.1%) resulted in admission to hospital or ICU or loss of life in 2021. 9.9% of more severe episodes involved self-cutting across both years (n=<5). In 2021, almost half of episodes (42.9%; <5) involving intentional drug overdose resulted in admission to hospital or ICU or loss of life, while 45.5% of more severe episodes involved OD across both years (n=5).

Two thirds of self-harm episodes were recorded as having no/ low intent in 2020 (70.2%) and 2021 (64.8%), with one quarter (25.3% and 24.5%) recorded as having medium intent. Approximately one in twenty in 2020 and one in ten in 2021 (4.4% and 10.7%) episodes were deemed to have a high degree of suicidal intent (see figure 13). Suicidal intent varied according to the method involved in the self-harm episode – high intent was recorded in over one quarter of episodes of attempted hanging in 2020 (31.2%) and one in ten episodes of attempted hanging in 2021 (10.5%), while high intent was only recorded in 4.0% (n=5) of episodes involving cutting in 2020 and 6.4% of episodes involving cutting in 2021 (n=8).

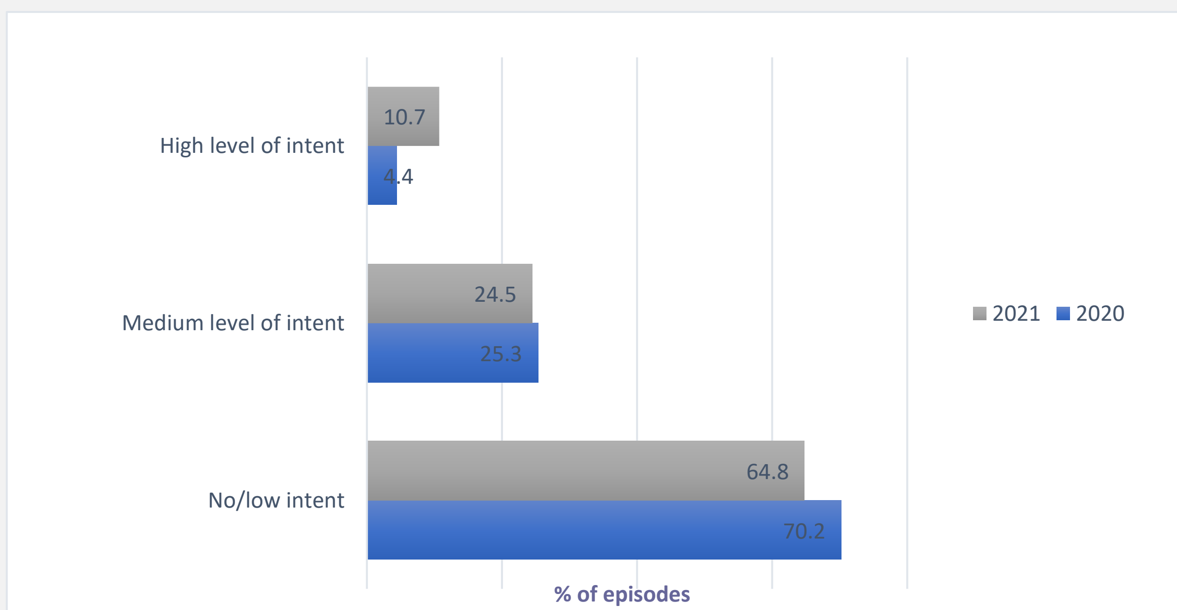

Figure 13. *Level of intent associated with self-harm episode in 2020 and 2021*

Among those requiring no/minimal treatment in 2020 and 2021, two thirds (68.9%) were deemed to have no/low intent, one quarter (25.7%) to have medium intent and approximately one in twenty (5.4%) to have had high intent.

Among those requiring local wound management 67.1% were deemed to have no/low intent, 22.3% to have medium intent and 10% to have had high intent in 2020 and 2021.

The twelve most severe self-harm acts, requiring admission to hospital or ICU or resulting in loss of life, included cases assessed as having no/low intent, medium intent, and high intent.

Self-harm episodes by male prisoners were associated with increased severity. In 2020, 71.2% of male prisoners who self-harmed required some medical treatment compared with 32.3% of female prisoners, while in 2021, prisoners requiring some medical treatment was equal across both genders (76.4% versus 75.0%).

	No treatment needed		Minimal intervention/ minor dressings		Local wound management		Outpatient /A&E treatment		Admission to hospital / ICU/ Loss of Life	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
No/low intent	72 (45.6%)	30 (23.6%)	42 (26.6%)	58 (45.7%)	30 (19.0%)	17 (13.4%)	14 (8.9%)	18 (14.2%)	0 (0.0%)	<5 (3.2%)
Medium level of intent	27 (47.4%)	11 (22.9%)	15 (26.3%)	18 (37.5%)	7 (12.3%)	9 (18.8%)	7 (12.3%)	9 (18.8%)	<5 (1.8%)	<5 (2.1%)
High level of intent	<5 (20.0%)	6 (28.6%)	<5 (30.0%)	<5 (14.3%)	<5 (30.0%)	<5 (19.0%)	<5 (20.0%)	<5 (9.5%)	0 (0.0%)	6 (28.8%)

Table 6. *Severity/intent matrix*

Contributory factors

Contributory factors are organised into five themes: environmental, relational, procedural, medical and mental health. The majority of contributory factors recorded in 2020 and 2021 related to mental health (45.2% versus 53.7%), relational issues (22.7% versus 14.0%), environmental issues (15.6% versus 15.4%), and procedural issues (9.3% versus 9.6%) (See figure 14)[35].

[35] More than one contributory factor could be recorded for each episode

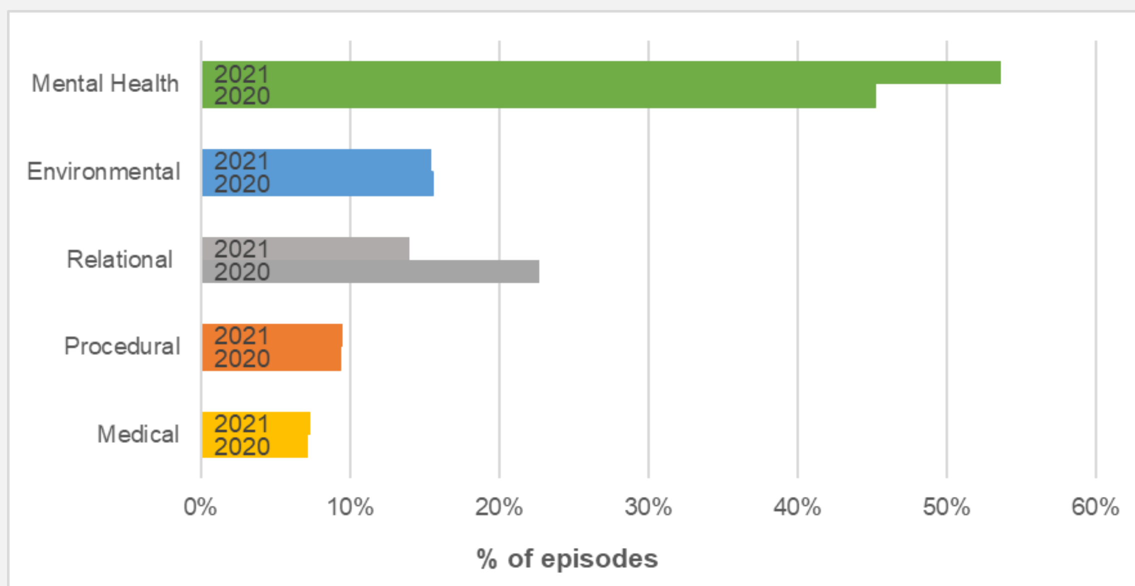

Figure 14. *Themes of contributory factors in self-harm episodes in 2020 and 2021*

- ### ENVIRONMENTAL

Accommodation or cell type was the most common environmental contributory factor in 2020 and 2021 (3.3% versus 2.2%). Other environmental factors reported included reduced access to regime (2.6% versus 1.4%) often causing isolation and lack of stimulation, to orchestrate access to contraband/other instrumental gain (<1% versus 1.0%). Legal issues were a contributory factor in 4.5% of episodes in 2020 and 3.4% of episodes in 2021. Legal issues reported included pending charges, court case, recently convicted, first time in custody, and unexpected custody.

- ### PROCEDURAL

Transfer issues (transfer, denied transfer, moved to CSC) was the most common procedural contributory factor in 2020 and 2021 (3.1% versus 1.7%). In 2020 and 2021, there were fewer than ten

incidents involving protection issues (e.g., Rule 62/63) (1.9% in both years), disciplinary issues such as having been served a P19 disciplinary report (2.1% versus 1.0%), and denied TR/remission or breached TR (<1% in both years)

- **RELATIONAL**

Relationship issues with significant others, including friends/family and reduction in family or access to community support(s) were factors in 7.0% of incidents in 2020 and 3.6% of episodes in 2021. Relationship difficulties with other prisoners, including conflict, being under threat or victimized/bullied, gangland involvement and peer pressure, were a factor in one in seventeen episodes (5.4% and 3.6%). Death or anniversary of death of someone close was associated with 1.4% (2020) and 2.4% (2021) of incidents. Relationship difficulties between prisoners and staff were a contributory factor in 2.6% and <1% of self-harm episodes. Child custody or access were reported in a minority of episodes (<1% in both years).

- **MEDICAL**

Medication issues (e.g. poor medication compliance, admin issues and drug seeking) were reported in 4.9% and 4.6% of episodes. Chronic pain and new diagnosis or worsening symptoms were reported in under 1% of episodes, respectively.

- **MENTAL HEALTH**

Mental health issues were the most common contributory factor across all themes (19.2% versus 22.5%). The category of mental health issues includes mental disorders (mood disorder, anxiety, PTSD, eating disorder, psychosis, personality disorder), as well as problems with hopelessness/low mood. Poor coping/difficulties managing emotions was the next most common factor recorded in 21.8% and 22.2% of incidents. Substance misuse and addiction, including drug use, as well as drug seeking, was in recorded in 4.5% and 7.0% of episodes. Impulsivity was recorded as a contributory factor in 7.3% and 12.3% of self-harm episodes.

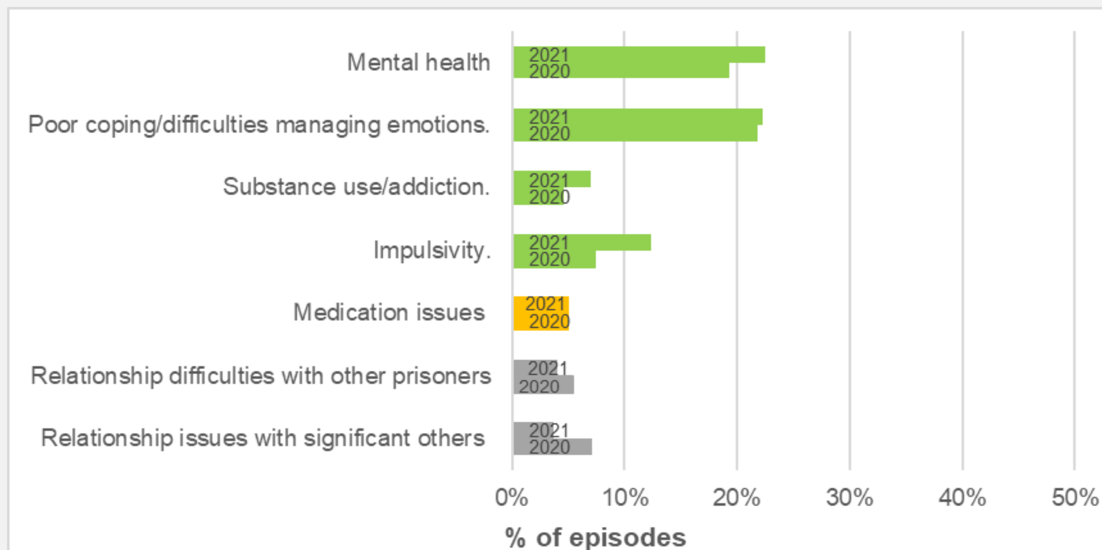

Figure 15. *Most common contributory factors in 2020 and 2021*

Theme	Contributory factor	Number of episodes 2020	% of episodes	Number of episodes 2021	% of episodes2
Environmental	Type of accommodation or cell type.	14	3.3%	9	2.2%
	Reduced access to regime.	11	2.6%	6	1.4%
	Legal issues.	19	4.5%	14	3.4%
	To orchestrate access to contraband	2	<1%	4	1.0%
Procedural	Transfer issues.	13	3.1%	7	1.7%
	Protection issues (e.g. Rule 62/63).	8	1.9%	8	1.9%
	Recent P19, reduction in incentivized regime.	9	2.1%	4	1.0%
	Denied TR/remission or breached TR.	<5	<1%	<5	<1%
	Denied visit/placed on screened visits.	0	0.0%	0	0.0%
Relational	Relationship issues with significant others	30	7.0%	15	3.6%
	Relationship difficulties with other prisoners	23	5.4%	15	3.6%
	Death or anniversary of death of someone close.	6	1.4%	10	2.4%
	Relationship difficulties with staff.	11	2.6%	<5	<1%
	Child custody/access issues.	<5	<1%	<5	<1%
	Bullying/threatening/victimizing others.	5	1.2%	<5	<1%
Medical	Medication issues	21	4.9%	19	4.6%
	Chronic pain	0	0.0%	<5	<1%
	New diagnosis or worsening symptoms	<5	<1%	0	0.0%
Mental health	Mental health (e.g. mood disorder, anxiety, PTSD, etc).	82	19.2%	93	22.5%
	Poor coping/difficulties managing emotions.	93	21.8%	92	22.2%
	Substance use/addiction.	19	4.5%	29	7.0%
	Impulsivity.	31	7.3%	51	12.3%

Table 7. *Contributory factors and themes in 2020 and 2021*

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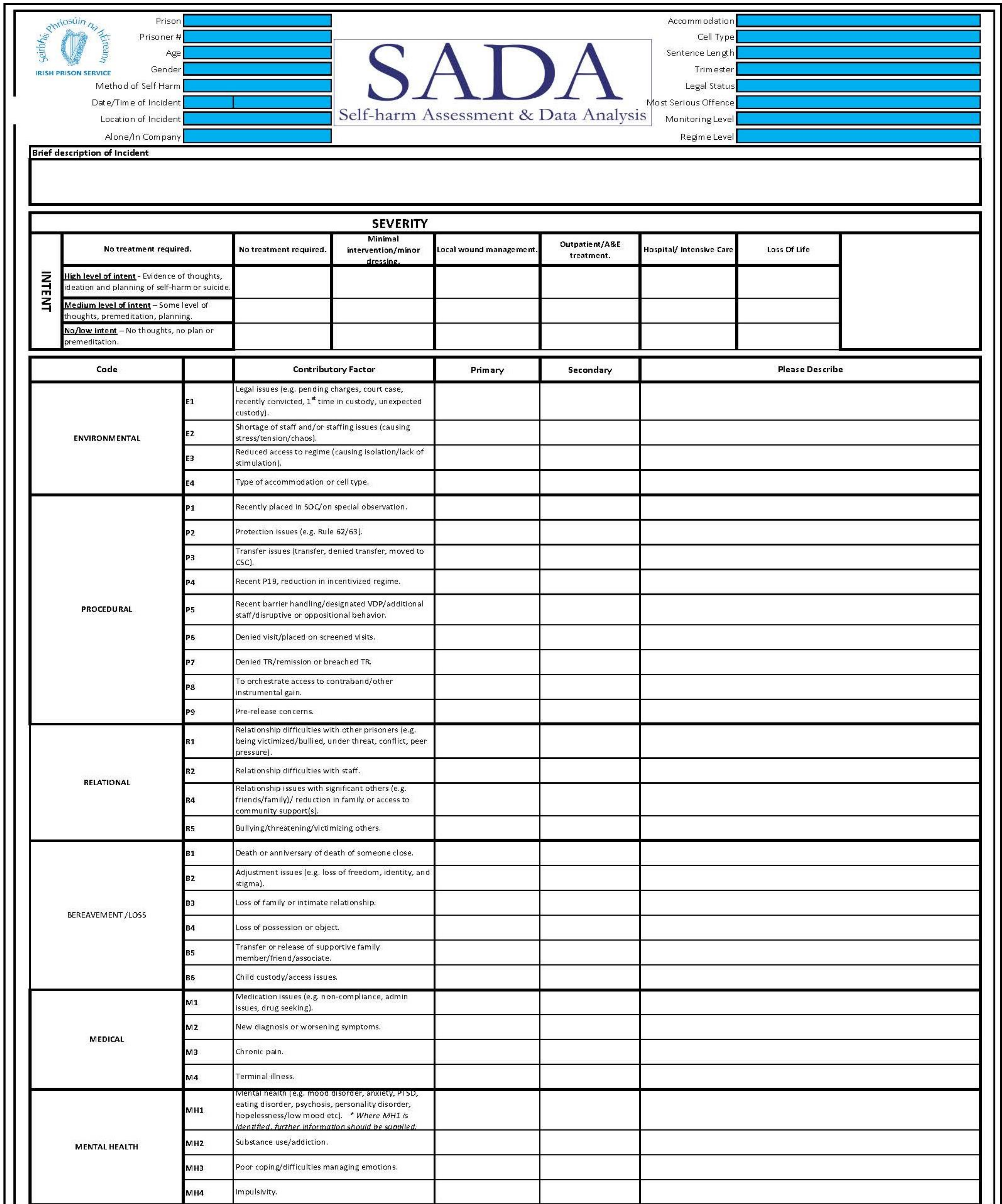
GLOSSARY

On remand	*In custody awaiting trial or sentencing*
VDP	*Violent & Disruptive Prisoner*
HSU	*High Support Unit*
CSC	*Close Supervision Cell – isolation for management/discipline reasons*
SOC	*Safety Observation Cell – healthcare prescribed seclusion where there is risk of self-harm/harm to others*
Special Observations	*15-minute observation during lock up*
P19	*Prison disciplinary report.*
Protection	*Restricted regime – under Prison Rules 2007, Rule 62 (imposed by Governor due to threat or at risk from other prisoners) or Rule 63 (at own request)*

Appendix 1: *Self-harm Assessment and Data Analysis form*



IRISH PRISON SERVICE

SADA
Self-harm Assessment & Data Analysis

Prison	
Prisoner #	
Age	
Gender	
Method of Self Harm	
Date/Time of Incident	
Location of Incident	
Alone/In Company	

Accommodation	
Cell Type	
Sentence Length	
Trimester	
Legal Status	
Most Serious Offence	
Monitoring Level	
Regime Level	

Brief description of Incident

SEVERITY

INTENT	No treatment required.	No treatment required.	Minimal intervention/minor dressing.	Local wound management.	Outpatient/A&E treatment.	Hospital/ Intensive Care	Loss Of Life
	High level of intent - Evidence of thoughts, ideation and planning of self-harm or suicide.						
	Medium level of intent – Some level of thoughts, premeditation, planning.						
	No/low intent – No thoughts, no plan or premeditation.						

Code		Contributory Factor	Primary	Secondary	Please Describe
ENVIRONMENTAL	E1	Legal issues (e.g. pending charges, court case, recently convicted, 1st time in custody, unexpected custody).			
	E2	Shortage of staff and/or staffing issues (causing stress/tension/chaos).			
	E3	Reduced access to regime (causing isolation/lack of stimulation).			
	E4	Type of accommodation or cell type.			
PROCEDURAL	P1	Recently placed in SOC/on special observation.			
	P2	Protection issues (e.g. Rule 62/63).			
	P3	Transfer issues (transfer, denied transfer, moved to CSC).			
	P4	Recent P19, reduction in incentivized regime.			
	P5	Recent barrier handling/designated VDP/additional staff/disruptive or oppositional behavior.			
	P6	Denied visit/placed on screened visits.			
	P7	Denied TR/remission or breached TR.			
	P8	To orchestrate access to contraband/other instrumental gain.			
	P9	Pre-release concerns.			
RELATIONAL	R1	Relationship difficulties with other prisoners (e.g. being victimized/bullied, under threat, conflict, peer pressure).			
	R2	Relationship difficulties with staff.			
	R4	Relationship issues with significant others (e.g. friends/family)/ reduction in family or access to community support(s).			
	R5	Bullying/threatening/victimizing others.			
BEREAVEMENT /LOSS	B1	Death or anniversary of death of someone close.			
	B2	Adjustment issues (e.g. loss of freedom, identity, and stigma).			
	B3	Loss of family or intimate relationship.			
	B4	Loss of possession or object.			
	B5	Transfer or release of supportive family member/friend/associate.			
	B6	Child custody/access issues.			
MEDICAL	M1	Medication issues (e.g. non-compliance, admin issues, drug seeking).			
	M2	New diagnosis or worsening symptoms.			
	M3	Chronic pain.			
	M4	Terminal illness.			
MENTAL HEALTH	MH1	Mental health (e.g. mood disorder, anxiety, PTSD, eating disorder, psychosis, personality disorder, hopelessness/low mood etc). ** Where MH1 is identified, further information should be supplied.*			
	MH2	Substance use/addiction.			
	MH3	Poor coping/difficulties managing emotions.			
	MH4	Impulsivity.			